

OVERVIEW

Centralized Intake (CI) may receive referrals that require additional information or guidance in addition to standard intake steps outlined in [PSM 712-1, CPS Intake - Initial Receipt Of Complaint](#), in order to appropriately assign an intake. This item provides information for those special cases.

Definitions

Domestic Violence (DV)

A pattern of coercive control perpetrated against one or more intimate partners. Behaviors can include sexual abuse, physical violence, threats, intimidation, financial control, possessiveness, and isolation, among others. The abuse may continue after a couple has separated or is no longer living together and often directly involves, targets, and impacts the children in the family.

Intimate Partner

Includes: spouse or former spouse; current or former living-together partner; individuals who have ever been involved in a dating relationship; have a child in common; or any nonparent adult defined as a person responsible for the health and welfare of the child.

CPS - MALTREATMENT IN CARE (MIC)

The Children's Protective Services Maltreatment in Care Unit (CPS-MIC) was developed to ensure safety and wellbeing of children under the care and supervision of the Michigan Department of Health and Human Services (MDHHS) and for children being cared for in a facility/home licensed by MDHHS. The CPS-MIC Unit investigates:

- Licensed foster homes.
- Licensed or unlicensed relative placements.
- Independent living.
- Child Caring Institutions (CCI).
- Child Care Licensing Programs (CCLP).
- Parental homes still under foster care and court supervision, after the children return home. Not applicable when children go from a respondent parent's home directly

to a non-respondent parent's home. This is assigned to CPS.

When the intake process does not provide sufficient information to complete a screening decision, Centralized Intake (CI) will complete a preliminary investigation. This preliminary investigation must include attempted contact with the assigned foster care worker and if appropriate, the foster home certification worker or Division of Child Welfare Licensing (DCWL)/ Licensing and Regulatory Affairs licensing consultant. .

If the referral is the third CPS referral on a foster family or care provider and the referral includes a child aged three or younger, CI must conduct a preliminary investigation.

If the preliminary investigation indicates the referral may have basis in fact, a field investigation must be completed.

The Intake Decision Table for CPS and CPS-MIC Investigations specifies the responsibilities of CPS and the CPS-MIC for investigation of CA/N referrals received by MDHHS.

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS

Facility/Placement Type	Responsible Unit - Department	
	CPS	CPS-MIC
Licensed foster home or licensed/unlicensed relative caregiver when allegations involve:		
A foster parent or relative caregiver, and the alleged child victim is in foster care residing in the foster home or relative placement.		X
A foster parent or relative caregiver, biological/adoptive children, and children in foster care residing in the foster home or relative placement, regardless of which child(ren) in the home is/are the alleged victim.		X
A legal parent, and the child victim is in foster care, regardless of placement type.		X
A foster parent, and the alleged child victim has returned to the parent's care.		X

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS

Facility/Placement Type	Responsible Unit - Department	
A foster parent with biological/adoptive children and there are/were no foster children placed in home at the time of the alleged abuse/neglect.	X	

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS

Facility/Placement Type	Responsible Unit - Department	
Legal parents (including in-home placement or following return home from foster care with court jurisdiction), when allegations involve:	CPS	CPS-MIC
A child in their care, under in-home court jurisdiction who does not have an open foster care case.	X	
A child in their care, not under court jurisdiction.	X	
A child in their care who has returned home from foster care and the court maintains jurisdiction.		X
Alleged abuse or neglect occurred prior to their child going into out of home care.	X	
Adding a non-respondent parent to active court cases.	X	
A child goes from one parent directly to another parent (no out of home placement).	X	

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS

Facility/Placement Type	Responsible Unit - Department	
CCIs (such as, detention centers, youth homes, shelter homes, residential care facilities (long- and short-term), halfway homes, court operated facilities) when allegations involve:	CPS	CPS-MIC
An employee of a CCI and an alleged child victim residing in a CCI.		X
A legal parent and an alleged child victim under MDHHS supervision; for example, allegations occurred during visit.		X
An employee or volunteer of a CCI and an alleged child victim who was returned home to a parent's care, if the abuse or neglect was alleged to have occurred during the child's placement in the CCI.		X
A licensed provider or an employee of a CCI and the alleged victim is the alleged perpetrator's own child.	X	
An employee or volunteer of a CCI and a child placed in the CCI who is not under supervision of MDHHS.		X

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS

Facility/Placement Type	Responsible Unit - Department	
CCLPs (referrals involving children, regardless of court jurisdiction) when allegations involve:	CPS	CPS-MIC
A child in a licensed facility.		X
A legal parent, licensed to operate a child care facility, and the alleged victim is their biological/adopted child.	X	
Unlicensed facilities.	N/A	N/A

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS

Facility/Placement Type	Responsible Unit - Department	
	CPS	CPS-MIC
Licensed camp facility, when allegations involve:		
Children at a licensed camp facility.		X
A legal parent at a licensed camp facility, and the victim is the alleged perpetrator's own child.	X	

County Assignment

CPS-MIC investigations are assigned to the county where the child abuse and neglect occurred regardless of the victims' current residence.

Note: CI may assign referrals received after-hours to the county where the child victim is located to ensure contact is made.

Multiple Families in Same Household

When CI receives allegations meeting assignment criteria on multiple families residing in the same household, and one of the families meets criteria for assignment to CPS-MIC, CI will assign all the referrals within that household to CPS-MIC.

Foster Child

Refer to [FOM 722-13A, Maltreatment In Care - Foster Care Responsibilities](#), for guidance regarding referrals of abuse or neglect on a foster child.

CONFLICTS OF INTEREST

If a CPS referral involves an MDHHS employee or relative of an MDHHS employee or there is a conflict of interest, the referral must be transferred to another MDHHS office. These cases must also be marked confidential. See [SRM 131, Confidentiality](#), *Marking Cases Confidential in MiSACWIS* section for further information on marking a case confidential.

Disputes between counties must be referred to the appropriate Business Service Center director(s) for resolution.

INTER-COUNTY REFERRALS

CI may receive a referral that involves a child whose residence is in another county (such as when a child is brought to a hospital located in a county other than the child's residence, or the child is visiting the non-custodial parent). The responsibility for initiating the investigation for these types of referrals depends on the nature of the allegations and the priority response. The county responsible for handling the referral is as follows:

- The county where the child is found is responsible for the referral if the priority response is Immediate Response, 12-hour commencement and 24-hour face-to-face (12/24).
- The county of residence is responsible for handling the referral if the priority response requires a 24-hour commencement and 72-hour face-to-face (24/72).

Exception: If the child attends school in an adjacent county, the county of residence should handle the referral.

If the local office has concerns regarding the assignment location, the local office director or their designee should contact CI.

Inter-County Disputes and Coordination

Additional referrals should not be assigned solely for the purpose of verifying the wellbeing of other children/siblings on a current investigation. Courtesy requests can be made between counties to assist in the verification of well-being and filing petitions.

Counties should work together to ensure that timeframes are met for commencement and face to face and to ensure child safety.

Disputes between the assigned county and the county in which the request for assistance is being made must be immediately referred to the appropriate Business Service Center director(s) for resolution.

INTERSTATE REFERRALS

When CI receives a referral from an out-of-state department involving a Michigan child, and the referral is assigned, the county where the referral is assigned must proceed with standard procedures for evaluating and investigating referrals of child abuse and neglect. Michigan CPS staff may communicate with the referring out-of-state department to obtain necessary information.

If a referral is received regarding abuse or neglect that occurred in another state and there are no current concerns that a child in Michigan is being abused or neglected, the referral should be transferred to the state in which the abuse or neglect occurred.

CPS referrals to or from another state are not governed by the Interstate Compact on the Placement of Children (ICPC). Contact may be made directly with the other state department. For contact information for other states, go to <https://aphsa.org/AAICPC/Resources.aspx>.

MILITARY BASE

Military Base Law, Federal Army Regulation 608-18, prohibits investigation of CPS referrals on military bases, unless a special written agreement exists.

Transferred Referrals

When a referral involving a child under the care and supervision of MDHHS does not meet criteria for assignment for investigation by CPS-MIC or CPS, Centralized Intake (CI) must transfer the referral to the appropriate agency for investigation and/or follow up. Transfer the referral to one of the following within 24 hours, dependent upon the type of entity subject to the referral:

- MDHHS Division of Child Welfare Licensing (DCWL).
- Michigan Department of Licensing and Regulatory Affairs (LARA).

- Law enforcement and prosecuting attorney.
- American Indian tribal unit.
- MDHHS and contracted private agency caseworkers and supervisors assigned to the child(ren) involved in the referral.
- MDHHS and the contracted private agency licensing workers and supervisors assigned to the provider.
- Placement Collaboration Unit (PCU) for all cases that involve a child ward.

Division of Child Welfare Licensing (DCWL)

CI must notify DCWL of referrals involving:

- Licensed foster homes.
- Licensed relative foster care placements.
- CCIs.
- Court operated facilities (COFs).
- Child placing agencies (CPAs).
- Children in foster care who were in any setting other than a parental home or daycare when the alleged maltreatment occurred.

Information on referral participants and allegations must be sent to DCWL. Contact information for the DCWL area managers can be found on the [Child Welfare Licensing Division Contact Information](#) page.

Licensing and Regulatory Affairs (LARA)

CI must notify LARA and email referral information to the Bureau of Community Health Systems Children and Adult Licensing [Complaint Mailbox](#) for referrals involving:

- Children's camps.
- Child care centers.
- Licensed family and group childcare homes.
- Adult foster care homes.
- Homes for the aged.
- Child care programs not required to be licensed such as:
 - Parent programs with parents and children on-site.
 - Indian tribal programs.

- Enrolled day care aides and unlicensed providers through the Child Development and Care program.

The CI caseworker must also complete and send the law enforcement referral form (commonly referred to as the law enforcement notification, LEN), located within the electronic case management system to the appropriate law enforcement jurisdiction when the referral involves a child care program not required to be licensed.

CI must notify LARA and email referral information to the [Bureau of Community Health Systems Health Facility Complaint Mailbox](#) for referrals involving:

- Hospitals.
- State psychiatric facilities.
- Nursing homes.

Prosecuting Attorney/Law Enforcement Responsibility

Prosecuting attorney/law enforcement agencies are responsible for the investigation of child abuse and neglect by certain individuals and in unregulated institutional settings such as:

- Schools (both public and private), including boarding schools.
- Incidental out-of-home or in-home childcare (baby-sitting).
- Mental health facilities not subject to PA 116.
- Clergy.
- Teachers.
- Teacher's Aides.
- An individual 18 years of age or older, involved with a youth program.
- Unregulated (unlicensed or unregistered) childcare group and family homes.
- Persons not responsible for the child's health or welfare.

Centralized intake must transfer these referrals and refer to the prosecuting attorney/law enforcement agency within 24 hours of receipt of the referral.

Additional CPS-MIC Policy

See [PSM 714-5, Maltreatment In Care](#) when a CPS-MIC referral is assigned for investigation.

DEATH OF A CHILD

Allegations involving death of a child will be assigned for investigation if the allegations meet the definition of child abuse and neglect. If the incident that led to the child's death appears accidental (house fire or vehicle accident), the referral may not need to be assigned. CI should obtain and review information gathered from the referral source to determine if assignment is appropriate.

Document the referral is regarding a child death in the electronic case management system. For more information on child death cases, see [PSM 713-08, Special Investigative Situations](#). Select that the child is deceased and enter the date and place of death in the Person Profile Section in the child's electronic case record. The death of a child must be reported as outlined in [SRM 172, Child/Ward Death Alert Procedures and Timeframes](#).

See [PSM 715-3, Family Court: Petitions, Hearings, and Court Orders](#), *Death of a Child Under the Court's Jurisdiction* section, if the child who died is under the court's jurisdiction.

DOMESTIC VIOLENCE

A CPS referral in which the only allegation is domestic violence is not a sufficient basis for assigning the referral for field investigation. To be assigned for investigation, the referral must also include information indicating the domestic violence has resulted in harm, likely harm, or threatened harm to the child. Consider the potential adverse impacts, including trauma or mental harm, when making an assignment decision. Assignment should also be considered if the alleged perpetrator has engaged in any activity that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, molested, or has caused or threatened to cause physical or mental harm.

Centralized Intake must conduct a minimum of a preliminary investigation on referrals alleging DV. The preliminary investigation must include attempted contact with law enforcement to determine whether a child has been injured, is at risk of injury, or has been threatened with harm as a result of past or current DV in the home. Issues that may assist in determining whether there is threatened harm in cases involving DV are:

- A weapon was used or threatened to be used in the DV incident.
- An animal has been tortured, deliberately injured or killed by the perpetrator.
- A parent or other adult is found in the home in violation of a child protection court order or personal protection order.
- There are reported behavioral changes in the child (for example, a child's teacher describes that the child used to be an involved and highly functioning student and now is withdrawn, doing poorly in coursework, or acting out with violence).
- Reported increase in frequency or severity of DV.
- Threats of violence against the child.

For information on domestic violence cases; see, the *Domestic Violence* sections in [PSM 713-08, Special Investigative Situations](#), and [PSM 714-1, Post Investigative Services](#).

DRIVING UNDER THE INFLUENCE

When CI receives a referral in which the reporting person alleges a child is at immediate risk because the child is riding in a vehicle with an intoxicated driver, CI must direct the reporting person to contact law enforcement with a description of the vehicle, its last known location, license plate number, and identity of the driver, if known.

CI must assign referrals received from law enforcement or the prosecuting attorney when the referral alleges a person responsible for the health or welfare of a child has been arrested, charged, or convicted of operation of a motor vehicle while under the influence, and the child was in the vehicle.

A minimum of a preliminary investigation must be conducted by CI when a source other than the prosecuting attorney or law enforcement makes a referral that a parent, legal guardian, or any other person responsible for a child's health or welfare has been arrested, ticketed, or prosecuted for driving under the influence with a child in the car. The preliminary investigation must include one or more of the following:

- Central registry and LEIN check. (The central registry clearance only needs to be done on persons listed on the referral who are parents, persons responsible, or who are ages 18 or older.)
- If the child is school age, contact the school to determine if there is reason to suspect child abuse/neglect.
- Contact law enforcement to determine if an arrest was made or if a citation was issued.
- Any other collateral contacts necessary, given the circumstances, to determine if an investigation is warranted.

The decision to assign for field investigation must be based on the same criteria as any other referral of child abuse/neglect.

Head Lice/Insect Infestations

An allegation of neglect based solely on a child having head lice, or a home having bed bugs or roach infestation in and of itself, is not an indicator of neglect and is not appropriate for assignment.

SUBSTANCE USE BY CARETAKER

Allegations only involving substance use by a parent, guardian, or person responsible, is not sufficient for CPS investigation. To assign for investigation, referrals containing allegations of substance use must meet Child Protection Law (CPL) definitions of suspected child abuse or neglect.

Substance or Alcohol Exposed Infants

CPS will investigate referrals alleging that an infant was born exposed to substances not attributed to medical treatment when exposure is indicated by any of the following:

- Positive urine screen of the newborn.

- Positive result from meconium testing.
- Positive result from umbilical cord tissue testing.
- Confirmation by a medical professional of withdrawal symptoms in a newborn that are not the result of medical treatment.

Note: Medical marijuana and medication assisted treatment are considered medical treatment.

See [PSM 716-7, Cases Involving Substances](#) for information on infants exposed to substances and alcohol.

KNOWN PERPETRATOR MOVING IN OR RESIDING WITH A NEW FAMILY

A known perpetrator is a person with a current incidence or history of:

- A severe act of child abuse or neglect.
- Prior termination of parental rights.
- Conviction of a crime against a child.

CI should assign referrals alleging that a known perpetrator has moved into or is providing care in a home in which children reside to determine whether threatened harm exists.

PROPER CUSTODY OR GUARDIANSHIP

Referrals that only allege improper custody (a child residing with a person without legal guardianship or power of attorney) do not meet criteria for assignment. To be assigned, the referral must include allegations that the person is unwilling or unable to meet the child's basic needs. See Guardianship/Power of Attorney in [PSM 713-08, Special Investigative Situations](#) for more information on investigating these referrals.

SCHOOL ATTENDANCE AND HOME SCHOOLING

A referral in which the **only** allegation involves a child failing to attend school and/or alternate educational programming (educational neglect) is not sufficient basis for assignment. If the

referral is initiated by non-school personnel, the person should be referred to the school district's attendance officer. If the referral is initiated by school personnel, they are to be informed this issue falls under the provisions of the Compulsory School Attendance section of the School Code of 1976 (MCL 380.1561-380.1599), not Child Protection Law.

SIBLING-ON-SIBLING OR CHILD-ON-CHILD VIOLENCE

Referrals involving sibling or child-on-child violence should be evaluated to determine if the person responsible for the child's health or welfare was neglectful. If the referral is based **solely** on violence among siblings or children in the home and includes no issue of parental neglect (or other CA/N allegations), transfer the referral to law enforcement. The referral to law enforcement must be made within 24 hours of CPS receiving the referral.

See [PSM 713-08, Special Investigative Situations](#), *Sibling-on-Sibling Or Child-on-Child Violence* section for more information on investigating these referrals. A minor child must never be investigated as an alleged perpetrator of child abuse or neglect unless they are the minor parent of an alleged victim.

MEDICAL NEGLECT

CPS is responsible for responding to referrals that parents are neglecting their child's health and welfare by withholding medically indicated treatment. For more information when a referral is received regarding medical neglect of a disabled infant or medical neglect based on religious beliefs, see [PSM 716-8, Medical Neglect of Disabled Infants & Medical Neglect Based on Religious Beliefs](#).

Vaccinations

The Michigan Public Health Code (MCL 333.9215) provides exceptions to the immunization requirements. CPS does not investigate referrals involving parents who have chosen not to immunize their children.

NEWBORNS

CPS must conduct a full field investigation if an infant is born to parents, identified as a perpetrator, who currently have child(ren) in

out-of-home care, or who are/were permanent wards as a result of a child abuse/neglect court action.

Intent to Adopt

CPS must conduct a full field investigation, if an infant is born to parents who currently have a child(ren) in out-of-home care or is/was a permanent ward as a result of a child abuse/neglect court action and the parents' intent is to have the newborn adopted.

Birth Match

Birth Match is an automated system that notifies CI when a new child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a child due to abuse and/or neglect or has committed a serious act of child abuse and neglect.

When a birth match occurs, the electronic case management system automatically generates a referral as an unassigned referral and the CI director receives an email alert that the referral has been generated. When CI receives the birth match referral, they must verify that the match is accurate.

Inaccurate Match

If the match is inaccurate (the parent listed in the referral does not have history that would lead to Birth Match placement), the referral must be rejected.

Accurate Match

If the match is accurate and there is not an already pending investigation or open investigation regarding the new birth, the referral must be assigned for investigation.

See [PSM 713-08, Special Investigative Situations](#), for information on investigating Birth Match.

Safe Delivery Act

Michigan law (MCL 712.1 et. Seq., 750.135, and 722.628) allows a parent(s) to surrender an unharmed newborn up to 72 hours old to an emergency service provider (ESP). An ESP is a uniformed, or otherwise identified, inside-the-premises, on-duty employee, or contractor of a fire department, hospital or police station or a

paramedic or an emergency medical technician when responding to a 911 call.

In situations where CI is contacted by an ESP and there is no evidence of child abuse/neglect, local offices and/or CI should direct the ESP to contact a public or private child-placing agency in that area directly responsible for placing a child in these situations.

The [Safe Delivery](#) website has a listing of private adoption agencies that will provide placement for an abandoned newborn. If the newborn meets the criteria of the law (no evidence of child abuse/neglect, less than 72 hours old, and voluntarily surrendered by a parent), CI must reject the referral for investigation.

See [NAA 255, Termination of Parental Rights](#), Voluntary Proceedings for Termination of Parental Rights section for information on the Safe Delivery Act as it pertains to American Indian children.

CHILD LESS THAN 12 YEARS OF AGE - PREGNANCY AND SEXUALLY TRANSMITTED DISEASE

If the alleged perpetrator is a person responsible, or unknown, in a referral involving a child under the age of 12 who is pregnant or has a sexually transmitted disease, the referral must be assigned for investigation.

RUNAWAY

Routine referrals on children who run away are not appropriate for investigation by CPS. Referrals should be evaluated to determine whether there are allegations of abuse/neglect, including human trafficking.

NATIVE AMERICAN CHILDREN

A referral of suspected child abuse or neglect of any Native American child **who resides or is domiciled on lands within exclusive jurisdiction of the tribe** must **not** be investigated by the department unless a special written agreement exists between the tribe and the department. These types of referrals would be appropriate for transfer to the appropriate tribal jurisdiction.

For more information on assigning cases with Native American children; see [NAA 233, Children's Protective Services Investigations](#).

HUMAN TRAFFICKING

The [MDHHS Human Trafficking of Children Protocol](#) was developed to guide caseworkers in assisting children who are victims of human trafficking. Human Trafficking includes sex trafficking and labor trafficking.

Human trafficking referrals made by law enforcement that involve children must be assigned regardless of the alleged perpetrator meeting the criteria of a person responsible. The department can investigate trafficking conditions regardless of the role or status of the alleged perpetrator when law enforcement requests assistance to respond to help with the youth's trauma.

Human trafficking referrals made by individuals other than law enforcement must include information the alleged perpetrator meets the criteria for person responsible to be assigned for investigation. If the alleged perpetrator does not meet the criteria of a person responsible, transfer the referral and refer it to law enforcement.

Referral to Law Enforcement

All referrals involving a child human trafficking victim that do not meet criteria for assignment must be referred to law enforcement within 24 hours of receipt.

A local law enforcement agency must make a report to CI whenever a child human trafficking victim is found.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](#).